

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 0 4 5

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.615

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ (1)

b. FFY 02 \$ (4)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 16 to Attachment 4.16-A, page 14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Supplement 16 to Attachment 4.16-A,
page 14 (MS-01-30)

10. SUBJECT OF AMENDMENT:

Correction to the budget of the interagency agreement with University of Iowa Health Care for
EPSDT-related services

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

Director

15. DATE SUBMITTED:

December 24, 2001

16. RETURN TO:

Director
Department of Human Services
Hoover State Office Building
Des Moines, IA 50319-0114

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12-31-01

18. DATE APPROVED:

MAR 13 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

cc:
Rasmussen
Anderson
CO
DSG/DIATA

SPA CONTROL

Date Submitted: 12-24-01

Date Received: 12-31-01

EPSDT PROGRAM				
July 1, 2001 - June 30, 2002				
	TOTAL	25% DHS MATCH	75% FEDERAL MAC	CHSC MATCH
Program Associate	17,662	4,416	13,247	
(.25 FTE) BW-Iowa City				
ANP	3,703	926	2,777	
(.05 FTE) JA-Council Bluffs				
ARNP	5,673	1,418	4,255	
(.075 FTE) JS-Waterloo				
ANP	50,231	12,558	37,673	
(.60 FTE) BM-Iowa City				
ANP	17,767	4,442	13,325	
(.25 FTE) KB-Iowa City				
Staff Nurse II	4,887	1,222	3,665	
(.10 FTE) JB-Sioux City				
Staff Nurse II	14,310	3,578	10,733	
(.25 FTE) RE-Des Moines				
Staff Nurse II	12,233	3,058	9,175	
(.25 FTE) KT-Iowa City				
Staff Nurse II	13,034	3,259	9,776	
(.25 FTE) LJ-Des Moines				
ARNP	4,135	1,034	3,101	
(.05 FTE) CJ-Ottumwa				
Staff Nurse II	5,276	1,319	3,957	
(.10 FTE) LP-Spencer				
Nurse Clinician Spc	4,733	1,183	3,550	
(.10 FTE) -Carroll				
Staff Nurse II	13,034	3,259	9,776	
(.25 FTE) LH -Iowa City				
Program Assistant	16,280	4,070	12,210	
(.25 FTE) SM-Iowa City				
Secretary II	10,821	2,705	8,116	
(.25 FTE) TH-Iowa City				
Secretary II	11,212	2,803	8,409	
(.25 FTE) RW-Des Moines				
Travel and Training	6,000	1,500	4,500	
	TOTAL	50% DHS MATCH	50% FEDERAL MAC	CHSC MATCH
Equipment (2 comp. 2 print)	5,000	2,500	2,500	
Resource Materials	1,000	500	500	
Telephone	3,000	1,500	1,500	
Des Moines Office Rent	1,170	585	585	
Office Furniture		0	0	
Supplies, Printing, Copying	3,500	1,750	1,750	
Postage, Software, Maintenance				
Parent Consultant	3,333	833	1,667	833
(.125 FTE) LN-Sioux City				
Parent Consultant	3,333	833	1,667	833
(.125 FTE) -Ottumwa				
Parent Consultant	3,333	833	1,667	833
(.125 FTE) PC-Des Moines				
Parent Consultant	3,333	833	1,667	833
(.125 FTE) -Council Bluffs				
Parent Consultant	3,333	833	1,667	833
(.125 FTE) -Spencer				
Parent Consultant	3,333	833	1,667	833
(.125 FTE) -Mason City				
GRAND TOTAL	244,659	64,581	175,080	4,998
The CHSC Match will only be accessed if it is absolutely necessary in order to carry out the tenants of the agreement with DHS.				

TN No. MS-01-45
Supersedes TN No. MS-01-30

Approval Date MAR 13 2002
Effective Date JUL 01 2001